FILED
May 29, 2002 8:00 am
Secretary of State
02-06-2002 90052 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093946

1. Entity Name
AFFORDABLE AND RELIABLE LAWN CARE, INC.

Principal Place of Business	Mailing Address
845 SW 34TH TERRACE PALM CITY FL 34990	845 SW 34TH TERRACE PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
845 sw 34 terr.	P.O. Box 935
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City Fla.	City & State: Palm City Fla.
Zip: 34990 Country: Martin	Zip: 34991 Country: Martin

4. FEI Number: 65-1146584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATSON, W. MARK 845 SW 34TH TERRACE PALM CITY FL 34990	Name: Mark W. Watson Street Address (P.O. Box Number is Not Acceptable): 845 sw 34th terr. City: Palm City FL Zip Code: 34990

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Mark Wat Mark Watson April 5 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P. mark watson 845 sw 34th terr Palm City Fl 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S. mark watson 845 sw 34th terr Palm City Fl 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W Mark Watson 1-15-02 561 223-5284
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR — Date — Daytime Phone #